

Case 2:05-cr-20293-JDB

Document 34

Filed 12/08/05

Page 1 of 2

PageID 38

1. CIR./DIST./DIV. CODE TNW	2. PERSON REPRESENTED Campbell, Tracy	3. MAG. DKT./DEF. NUMBER 4. DIST. DKT./DEF. NUMBER 2:05-020293-002-B	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER																																																																																																																																																																											
7. IN CASE/MATTER OF (Case Name) U.S. v. Campbell		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																																																																																											
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1344A. F -- BANK FRAUD																																																																																																																																																																															
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS DURAND, KEMPER B. 1 COMMERCE SQ.#2900 40 S. MAIN ST. MEMPHIS TN 38103 Telephone Number:		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case or <input type="checkbox"/> Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court 12/06/2005 Date of Order Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO Nunc Pro Tunc Date																																																																																																																																																																													
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) THOMASON HENDRIX FIRM 1 COMMERCE SQ.#2900 40 S. MAIN STREET MEMPHIS TN 38103																																																																																																																																																																															
CLAIM FOR SERVICES AND EXPENSES FOR COURT USE ONLY <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">CATEGORIES (Attach itemization of services with dates)</th> <th>HOURS CLAIMED</th> <th>TOTAL AMOUNT CLAIMED</th> <th>MATH/TECH ADJUSTED HOURS</th> <th>MATH/TECH ADJUSTED AMOUNT</th> <th>ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td rowspan="8" style="vertical-align: top; text-align: center;">I n C o u r t</td> <td>a. Arraignment and/or Plea</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Bail and Detention Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Motion Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Trial</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Sentencing Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Revocation Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. Appeals Court</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>h. Other (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">(Rate per hour = \$) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="5" style="vertical-align: top; text-align: center;">O u t o f C o u r t</td> <td>a. Interviews and Conferences</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Obtaining and reviewing records</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Legal research and brief writing</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Travel time</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Investigative and Other work (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">(Rate per hour = \$) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>17.</td> <td>Travel Expenses (lodging, parking, meals, mileage, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>18.</td> <td>Other Expenses (other than expert, transcripts, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7" style="text-align: center;">GRAND TOTALS (CLAIMED AND ADJUSTED):</td> </tr> <tr> <td colspan="3">19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____</td> <td colspan="2">20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION</td> <td colspan="2">21. CASE DISPOSITION</td> </tr> <tr> <td colspan="7"> 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____ </td> </tr> <tr> <td colspan="7" style="text-align: center;">APPROVED FOR PAYMENT COURT USE ONLY</td> </tr> <tr> <td>23. IN COURT COMP.</td> <td>24. OUT OF COURT COMP.</td> <td>25. TRAVEL EXPENSES</td> <td>26. OTHER EXPENSES</td> <td colspan="3">27. TOTAL AMT. APPR / CERT</td> </tr> <tr> <td colspan="3">28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER</td> <td>DATE</td> <td colspan="3">28a. JUDGE / MAG. JUDGE CODE</td> </tr> <tr> <td>29. IN COURT COMP.</td> <td>30. OUT OF COURT COMP.</td> <td>31. TRAVEL EXPENSES</td> <td>32. OTHER EXPENSES</td> <td colspan="3">33. TOTAL AMT. APPROVED</td> </tr> <tr> <td colspan="3">34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.</td> <td>DATE</td> <td colspan="3">34a. JUDGE CODE</td> </tr> </tbody></table>					CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	I n C o u r t	a. Arraignment and/or Plea						b. Bail and Detention Hearings						c. Motion Hearings						d. Trial						e. Sentencing Hearings						f. Revocation Hearings						g. Appeals Court						h. Other (Specify on additional sheets)						(Rate per hour = \$) TOTALS:							O u t o f C o u r t	a. Interviews and Conferences						b. Obtaining and reviewing records						c. Legal research and brief writing						d. Travel time						e. Investigative and Other work (Specify on additional sheets)						(Rate per hour = \$) TOTALS:							17.	Travel Expenses (lodging, parking, meals, mileage, etc.)						18.	Other Expenses (other than expert, transcripts, etc.)						GRAND TOTALS (CLAIMED AND ADJUSTED):							19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION		22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____							APPROVED FOR PAYMENT COURT USE ONLY							23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT			28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE			29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED			34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW																																																																																																																																																																									
I n C o u r t	a. Arraignment and/or Plea																																																																																																																																																																														
	b. Bail and Detention Hearings																																																																																																																																																																														
	c. Motion Hearings																																																																																																																																																																														
	d. Trial																																																																																																																																																																														
	e. Sentencing Hearings																																																																																																																																																																														
	f. Revocation Hearings																																																																																																																																																																														
	g. Appeals Court																																																																																																																																																																														
	h. Other (Specify on additional sheets)																																																																																																																																																																														
(Rate per hour = \$) TOTALS:																																																																																																																																																																															
O u t o f C o u r t	a. Interviews and Conferences																																																																																																																																																																														
	b. Obtaining and reviewing records																																																																																																																																																																														
	c. Legal research and brief writing																																																																																																																																																																														
	d. Travel time																																																																																																																																																																														
	e. Investigative and Other work (Specify on additional sheets)																																																																																																																																																																														
(Rate per hour = \$) TOTALS:																																																																																																																																																																															
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)																																																																																																																																																																														
18.	Other Expenses (other than expert, transcripts, etc.)																																																																																																																																																																														
GRAND TOTALS (CLAIMED AND ADJUSTED):																																																																																																																																																																															
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																																																																																																																																																																										
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																																																																																																																															
APPROVED FOR PAYMENT COURT USE ONLY																																																																																																																																																																															
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT																																																																																																																																																																											
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE																																																																																																																																																																											
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED																																																																																																																																																																											
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE																																																																																																																																																																											

This document entered on the docket sheet in compliance
with Rule 55 and/or 32(b) FRCrP on 12-12-05

34



Notice of Distribution

This notice confirms a copy of the document docketed as number 34 in case 2:05-CR-20293 was distributed by fax, mail, or direct printing on December 12, 2005 to the parties listed.

Kemper B. Durand
THOMASON HENDRIX HARVEY JOHNSON & MITCHELL
40 S. Main St.
Ste. 2900
Memphis, TN 38103--552

Stephen C. Parker
U.S. ATTORNEY'S OFFICE
167 N. Main St.
Ste. 800
Memphis, TN 38103

Honorable J. Breen
US DISTRICT COURT